TXTRAC Summary Comments italicized *TDH revisions in red.* *Explanation statements provided in blue.*

TEXAS DEPARTMENT OF HEALTH – BUREAU OF EMERGENCY MANAGEMENT REGIONAL EMS/TRAUMA SYSTEM CRITERIA – RAC EVALUATION CHECKLIST		
System Management & Planning – Each system should establish its authority commensurate with its ability to provide trauma care.		
A. Bylaws or other official RAC documents such as the Regional System Plan; or other System Planning Documents		
~~*1.*~~ ~~*Comply with governmental requirements for 501(c)(3) non-profit corporations*~~ *[Not in TDH purview to require or monitor compliance; addressed in finances section of criteria].*	***E***	
2. Written mission statement;	**E**	
3. *Short term and long term* Goals outlined for RAC/TSA;	**E**	
~~4. Defined layers of authority and their responsibilities;~~	**E**	
5. *Defined chain of command, organizational decision-making processes, and flow of information which reflects:* • *A power-sharing structure where no single entity places undue influence on RAC governance or operations* • *The leadership of a RAC is independent of the control of any other organization* • *The amount of dues, fees, or other financial incentives do not determine the number of votes awarded to an organizational entity*	**E**	
6. Committees *and committee structure are clearly defined*;	**E**	
7. Stated roles and responsibilities of RAC officers and election process. Replacement process and succession of leadership outlined in case or resignation or removal;	**E**	
8. Clear voting process for RAC ~~decisions~~ *issues that assures:* • *Only authorized votes are cast*; • Voting membership ~~should be~~ *is* representative of all levels *and disciplines* of trauma care ~~providers~~ stakeholders in TSA;	**E**	
9. Participation requirements *clearly* defined;	**E**	

10. RAC fees and/or dues are assessed in a fair and equitable manner	***E***	
11. ~~Measures have been implemented to ensure that the unique age-related and regional demographic needs (pediatric, geriatric, & other) are represented and considered in the allocation of regional resources~~ [Captured by "disciplines" wording in #8; also relocated to needs assessment section to capture resource/financial aspect.]	**E**	
12. All entities caring for trauma patients are ~~encouraged~~ ~~*required*~~ *encouraged* to participate on the RAC; *[no statutory authority to require, at this time trauma system is still a voluntary system]*	**E**	
13. ~~Documented approval from RAC general membership~~; *RAC general membership holds final authority to approve/ratify bylaws and all amendments.*	**E**	
14. Defined level of organizational structure that makes ~~what~~ *each* level of budget/expense decisions;	**E**	
15. Documented annual review of bylaws and trauma system plan.	**E**	
B. Needs assessment		
1. *Conducted at least annually to determine allocation of resources;*	***E***	
2. Physical characteristics identified (terrain, climate, population, etc.);	**E**	
3. *Prehospital care* providers (EMS, *FRO*) and capabilities;	**E**	
4. Air medical availability;	**E**	
5. Hospitals and their designation/potential designation (size and specialty services available);	**E**	
6. ~~*Measures have been implemented to ensure that the unique*~~ *Age-related and regional demographic needs (pediatric, geriatric, & other) are represented and considered in the allocation of regional resources; [relocated from bylaws section]*	***E***	
7. Rehabilitative resources;	**E**	
8. Education/training;	**E**	

9. *Equipment and disaster management* ~~*needs*~~ *capabilities;*	**E**	
10. Community awareness/education/access;	**E**	
11. Special needs or injury patterns of the community.	**E**	
C. Written trauma system plan approved ~~through~~ *by* Texas Department of Health addressing the following: [It is the desire of TDH to have wording related to trauma system plan components match rule 157.123, the Texas Trauma System Manual can be modified and updated to reflect desired specifications to each component]		
1. Access to the system;	**E**	
2. Communications;	**E**	
3. *Medical oversight;*	***E***	
4. Prehospital triage criteria;	**E**	
5. Diversion policies;	**E**	
6. Bypass protocols;	**E**	
7. Regional medical ~~control *oversight*~~ *control*;	**E**	
8. ~~*Regional*~~ facility triage criteria;	**E**	
9. Inter-hospital transfers ~~*facilitation*~~;	**E**	
10. Planning for the designation of trauma facilities ~~*& facility designation assistance program*~~, including the identification of the lead facility(s);	**E**	
11. A performance improvement program that evaluates *processes and* ~~outcomes from a~~ *outcomes from a* system ~~performance and outcomes~~; ~~perspective~~; *perspective;*	~~***D***~~***E***	
12. ~~*Regional*~~ injury prevention ~~program *& program development assistance*~~*;*	**E**	

13. Regional trauma treatment protocols;	***E***	
14. *Regional* helicopter activation guidelines (may be part of prehospital triage and bypass);	**E**	
15. Each component of the plan should indicate short-term and long-term goals;	**E**	
16. Documented regular review of plan components; and	**E**	
~~17. Demonstrated involvement of physicians throughout planning, review, and implementation (i.e.clear medical oversight).~~ *[Redundant with required medical oversight component, #3 above]*	**E**	
D. ~~Business Communications~~ *[criteria relocated to RAC operations section under D: RAC Communications]*		
RAC Operations – Each RAC should take steps to implement and project its planning and authority.		
A. Trauma system plan distributed to all member entities.		
B. Meetings		
1. Timely notification process for meetings/events including agenda distribution; ~~and~~	**E**	
2. *Clear process used for documenting meeting attendance and communicating attendance records back to membership as they relate to participation requirements; and*	***E***	
3. Structured format used (e.g. Robert's Rules).	**D**	
C. Physical resources		
1. Permanent mailing address;	**E**	
2. Permanent office; ~~and~~	**D**	
3. *A coordinator experienced in trauma system development and implementation; and*	***D***	
4. Administrative*/clerical* staff.	**D**	

D. *RAC* Communication~~s with membership~~ *[content relocated from System Management & Planning section under D: Business Communications]*		
1. Formal process is established to communicate with membership;	**E**	
2. Timely distribution of meeting agenda before every meeting;	**E**	
3. Meeting notices and minutes forwarded to Texas Department of Health Trauma *Systems* Staff in a timely fashion;	**E**	
4. TDH notified as soon as possible of any major changes in RAC. This includes changing leadership, bylaws revisions, and other substantive revisions to policies or operations;	**E**	
5. Annual report indicating any changes in RAC operations (i.e. leadership change, bylaws change, etc) provided to Texas Department of Health ~~in a timely fashion~~ *at the conclusion of the RAC fiscal year*. This should include review of short-term and long-term objectives for RAC.	**E**	
6. Sends representative to neighboring RACs' meetings when patient flow crosses TSA boundaries;	***D***	
7. Regional newsletter;	**D**	
8. E-mail distribution list/listserver;	**D**	
9. RAC website;	**D**	
E. Finances		
1. Annual budget outlined;	**E**	
2. IRS 501(c)3 tax-exempt status; *[TDH holds no authority to require]*	~~**E**~~***D***	
3. Fund-raising activities; and	**D**	
4. Grant applications.	**D**	
F. Education and training		
1. Conducted to meet needs assessed through area review and performance improvement program;	**E**	
2. Membership is educated of RAC protocols and regional guidelines;	**E**	

3. CE provided for all levels and *disciplines* of health care providers on an on-going basis; and	**D**	
4. Membership is educated of grant/funding opportunities.	**D**	
G. Emergency/disaster preparation		
1. Written plan that should identify all resources and integrate EMS, hospitals, and disaster management services; and	***E***	
2. Centralized coordination.	**D**	
H. Regional performance improvement		
1. Data collection process established;	**E**	
2. Regional data registry;	**D**	
3. Staff with expertise in performance improvement;	**D**	
4. Audit filters for evaluating the system and its components;	**E**	
5. Feedback loop for demonstrated problems;	**E**	
6. Complaint review *and referral* process;	**E**	
7. Procedure for maintaining confidentiality throughout performance improvement process;	**E**	
8. Determination that all trauma patients in the region are treated ~~*in and*~~ *at the appropriate level of* trauma facilities;	**E**	
9. Physician involvement throughout process ~~to~~ *should* include ~~at least~~ *at a minimum:* surgery, emergency medicine, and EMS medical director specialties.		
I. Regional Injury Prevention		
1. Coordinates/provides targeted injury prevention programs (for population: age, geographic, environment) based on data from regional registry;	***D***	
2. Tracking process in place to define program effectiveness;	***D***	
3. Provides a "clearing house" for available prevention programs & access to resources;	***D***	

4. *Informs elected officials (local, county, state, national) of issues related to trauma care and injury prevention;*	***D***	
5. *Serves as a catalyst to integrate police, fire, sheriff's office, county, public health officials, and media into community-based planning and advisory group to promote injury prevention efforts; and*	***D***	
6. *Provides public education programs related to the need for trauma and emergency health care system development, problems related to system access, and community injury patterns.*	***D***	

TEXAS DEPARTMENT OF HEALTH – BUREAU OF EMERGENCY MANAGEMENT REGIONAL EMS/TRAUMA SYSTEM CRITERIA – HOSPITAL CHECKLIST *Note items may have been re-ordered to match EMS Provider checklist.*		
Health Care Facility being evaluated: _____ Location: _____		
1. Designated trauma facility;	**D**	
2. ~~Participates on RAC~~ *Hospital is recognized by the RAC as participating*;	**E**	
3. ~~*Participates in regional trauma registry*~~ *Hospital is uploading to the Texas Trauma Registry or the appropriate regional registry*	**E**	
4. Documentation of RAC information and TSA planning being distributed to appropriate members of the staff, including the *trauma care/executive committee* (note: staff applies to physician, nursing, and support services);	**E**	
5. *Medical Protocols and/or written operations procedures reflect RAC-approved trauma system plan components for patient care (prehospital and facility triage, bypass, inter-hospital transfer, and treatment components);*	**E**	
6. Documented training of staff in RAC prehospital triage and bypass protocols, along with awareness of local EMS treatment capabilities;	**E**	
7. ~~Documented training of staff in RAC diversion protocols~~ *Documentation that staff is educated regarding protocols and that RAC orientation is ongoing for newly hired staff;*	**E**	
8. ~~Documented training of staff in RAC regional disaster plan~~ *Participates in regional disaster planning/mutual aid*;	**E**	
9. ~~*Facility QI process reviews all trauma deaths & timeliness of trauma transfers*~~; *[Trauma designation issue; incorporated into #10 below.]*	*E*	
10. Hospital participates in RAC performance improvement process *as requested & process in place to review compliance with regional criteria such as trauma deaths and timeliness of trauma transfers*;	**E**	

11. Hospital is involved in feedback loop with primary transporting EMS agencies;	~~**D**~~***E***	
12. In-house training relating to trauma care conducted, or regional resources utilized for ongoing trauma patient care training.	***E***	
13. *Hospital has representation in a RAC planning committee*.	***D***	

TEXAS DEPARTMENT OF HEALTH – BUREAU OF EMERGENCY MANAGEMENT REGIONAL EMS/TRAUMA SYSTEM CRITERIA – EMS PROVIDER CHECKLIST *Note items may have been re-ordered to match hospital checklist.*		
Emergency Medical Services Agency being evaluated: _____ Location: _____		
1. Provider is recognized by the RAC as participating;	**E**	
2. Provider is uploading to *the* Texas Trauma Registry or ~~a~~ *the appropriate* regional registry;	**E**	
3. Documentation of RAC information and TSA planning being distributed to all members within the provider organization;	**E**	
4. Medical Protocols and/or written operations procedures reflect RAC-approved trauma system plan components for patient care (triage, bypass, treatment components);	**E**	
5. Documentation that staff is educated regarding protocols and that RAC orientation is ongoing for newly hired staff;	**E**	
6. Documentation of medical director awareness of/participation in provider activity in RAC and systems process (signed protocols, physician attendance at functions, etc.);	**E**	
7. Documented participation in RAC performance improvement process *as requested & process in place to review compliance with regional protocols such as scene time > 20 minutes;*	**E**	
8. Documented feed-back loop with primary destination facilities;	**E**	
9. *Protocol in place for communication with* ~~Coordinated policy for notifying~~ destination hospital in appropriate manner for effective trauma team activation;	**E**	
10. Documentation of RAC information and TSA planning being distributed to first responder organizations affiliated with the provider;	***E***	
11. Participates in regional disaster planning/mutual aid;	**E**	

12. Dispatch center is aware of regional triage, bypass, and diversion plan.;	**E**	
13. In-house training relating to trauma care conducted, or regional resources utilized for ongoing trauma patient care training.	***E***	
14. Provider has representation in a RAC planning committee.	**D**	